

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDERS

You are receiving this reminder notice because you have not yet completed the IHSS provider enrollment requirements. You must complete ALL of the steps shown below by December 31, 2010. If you do NOT complete ALL of these steps by December 31, 2010, you will be terminated and you will NOT be paid by the IHSS Program for any hours you work after December 31, 2010, until you complete ALL of the steps shown below.

To ensure that you complete ALL of the steps before the December 31, 2010 deadline, you should start to complete them NO LATER THAN DECEMBER 1, 2010.

1. COMPLETE AND SIGN A PROVIDER ENROLLMENT FORM (SOC 426).

- You must return the SOC 426 in person to the location designated by your county IHSS Office or IHSS Public Authority.
- When returning the SOC 426, you must present original documentation verifying your identity, such as an unexpired Driver's License or Identification Card, AND your original Social Security card.
- DO NOT return the SOC 426 to the State Department of Social Services because this will cause a delay in the processing of your information.

2. SUBMIT FINGERPRINTS AND UNDERGO AND PASS A CRIMINAL BACKGROUND CHECK BY THE CALIFORNIA DEPARTMENT OF JUSTICE (DOJ).

- You must follow the instructions provided by your county IHSS Office or IHSS Public Authority for submitting your fingerprints at a Live Scan location.
- It can take several days (sometimes even longer) from the time you submit your fingerprints for the county IHSS Office or IHSS Public Authority to get the results of the criminal background check from DOJ. **To avoid the possibility of termination resulting from a delay in receipt of this information, you should complete this step AS SOON AS POSSIBLE.**
- If the results of the criminal background check show that you have been convicted of, or incarcerated for, one of the crimes listed below within the last 10 years, you are NOT eligible to be an IHSS provider:
 - Abuse of an elder or dependent adult,
 - Specified abuse of a child, or
 - Fraud against a government health care or supportive services program.

3. COMPLETE A PROVIDER ORIENTATION.

- You may either attend an in-person orientation or receive the orientation materials from the county IHSS Office or IHSS Public Authority and review them on your own.

4. SIGN THE IHSS PROGRAM PROVIDER ENROLLMENT AGREEMENT (SOC 846).

- By signing the SOC 846 you are stating that you understand and agree to the rules and requirements for being an IHSS provider.

Once you have completed all of these steps and you have been enrolled as an IHSS provider by the county IHSS Office or IHSS Public Authority, you will continue to be eligible to get paid for providing authorized services for any IHSS recipient as long as you are an active provider and your criminal background check remains clear of all disqualifying crimes.

If you have any questions about this information or notification, contact the county IHSS Office or IHSS Public Authority.